

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533,365

FILING DATE

4-29-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1-			
2			1-			
3				1 ✓		
4			1-			
5			1-			
6			1-			
7			1-			
8				1 ✓		
9				1 ✓		
10				1 ✓		
11			1-			
12				1 ✓		
13				1 ✓		
14				1 ✓		
15				1 ✓		
16			1-			
17				1 ✓		
18			1-			
19				1 ✓		
20				1 ✓		
21				1 ✓		
22			1-			
23			1-			
24				1 ✓		
25			1-			
26				1 ✓		
27			1-			
28				1 ✓		
29				1 ✓		
30				1 ✓		
31			1-			
32				1 ✓		
33			1-			
34				1 ✓		
35			1-			
36			1-			
37				1 ✓		
38			1-			
39			1-			
40				1 ✓		
41				1 ✓		
42				1 ✓		
43			1-			
44			1-			
45				1-		
46			1-			
47				1 ✓		
48				1 ✓		
49			1-			
50				1 ✓		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						